CITY OF MADISON POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE

Investigation of Cases Involving Officers as Victims of Serious Crimes

Eff. Date 11/24/2025

Purpose

The purpose of this procedure is to establish more consistent guidelines for the investigation of cases where Madison Police Department (MPD) Officers are the victims of serious crimes and to deal with aftercare issues for those officers.

Procedure

Definitions -

CISM Provider: A select group of mental health professionals that are contracted to provide Critical Incident Stress Management services in response to critical incidents.

Victim Officer: Sworn Personnel who are on-duty, or off-duty but acting within the scope of their duties as Law Enforcement Officers, who are targeted with intentional violence which results in serious injury or the potential for death or great bodily harm to the officer. Any incident that is considered a serious physical or psychological threat to an officer in the line of duty, where the involved officer is considered a victim of a crime.

Uninjured Victim Officers shall report the incident to a supervisor at the earliest opportunity.

Notifications

OICs should follow the Notification of Commanding Officers and the Line of Duty, Life-Threatening Injury or Death of an Employee Standard Operating Procedures as appropriate. In addition to line #6 in the Notification of Commanding Officers SOP, district command and the Chief should be notified whenever an officer is the victim of an attempted serious violent crime where likelihood of significant injury or death would have been high if the act had been carried out (e.g., an officer who was shot at but not struck or an officer who the suspect attempted to run over with a vehicle). These examples are meant to be illustrative only and not all inclusive.

Immediate Considerations

Victim Officers shall be extracted from the active investigation of the suspect as soon as it is practical.

Investigative personnel/detectives should be assigned to actively work the case as soon as it is practical.

Depending on the seriousness of the incident, Victim Officers or officers directly witnessing the event may be interviewed by investigators in lieu of completing a report on the incident. This decision will be made by the investigative supervisor managing the case, and should be communicated to the Victim Officer as soon as possible.

In the event that the officer completes their own report rather than being interviewed by a detective, the investigative supervisor will review the officer's report to make sure that the report addresses the incident properly. For example, typically officers are taught not to include their own feelings and impressions in their reports but are trained to elicit those details from crime victims in interviews. Additionally, many officers might downplay or not address their feelings of being fearful, etc.

Personnel should remain cognizant of Victim Officer's status as a crime victim, and the associated rights provided under SS950. Contact with the Dane County Victim/Witness program will be made by investigators as early as practical. The Victim/Witness staff can assist with coordinating suspect bail

conditions, and requests for things like bail monitoring. Assigned investigators should verify that Victim Officers have been informed about victim impact statements (such as the benefits of completing them, their timeline, etc.) and that the Victim Officer(s) are kept apprised of the case status.

Follow up aftercare

Upon being notified, district command staff will be responsible for checking in with involved officers prior to their next work shift. Officers will be offered the chance to take administrative leave if needed due to the physical/emotional after effects of the incident.

Every attempt should be made to have the Victim Officer(s) contacted by the CISM (Critical Incident Stress Management) provider prior to their return to duty. Exceptions can be made to this if the Victim Officer(s) feel strongly that it is not necessary. If contact with the CISM provider does not occur prior to return to duty, contact with the CISM provider will still need to occur in accordance with the Officer Involved Deaths and Other Critical Incidents SOP (specifically, the "Officer Involved Critical Incident Mental Health Response" section).

When an officer becomes the victim of a crime through the course of a call for service, someone from the Victim/Witness Unit at the DA's Office will send a victim packet for the officer to the PD Subpoenas group (pdsubpoenas@cityofmadison.com). The Executive section PRT will forward it to the Victim Officers and to the Victim Officers captain. The captain will then be responsible for checking in with the Victim Officers to make sure they have received the package and assign it to the Victim Officers supervisor who will help the Victim Officers understand the process. The Victim Officers will need to request restitution and/or services by checking the right box and returning the form to the Victim/Witness Unit in the DA's Office.

Records

All MPD reports and records, including relevant entries in LERMS, should not include individual officers' date of birth, home address or other personal information. Reports regarding Victim Officer should note the officer's age and use 211 South Carroll Street as a contact address.

Medical Records

Where medical records are needed for a criminal investigation into an incident where an officer is a victim, the assigned detective will coordinate the appropriate collection and processing of the records. The Victim Officer will be asked to sign a consent for release of medical records, with the scope of the consent limited to that needed for the criminal case.

If consent is provided and the records are obtained, the assigned detective will meet with the Victim Officer, review the records and ensure that any information outside the scope of their consent is redacted. The redacted records will become part of the case file and be scanned into LERMS. The assigned detective shall notify the assigned prosecutor that redacted medical records have been scanned into LERMS. The unredacted version of the medical records should be destroyed.

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